

**SCOTLAND COUNTY BOARD OF EDUCATION
VOLUNTARY SHARED LEAVE
Donation of Annual Leave**

**Office of the Superintendent
322 South Main Street
Laurinburg, NC 28352
910-276-1138 Fax 910-277-4310**

To: Personnel Office

From: _____

RE: Donation of Annual Leave

Please donate _____ day(s) from my annual leave account to:

_____ (Individual's Name)

_____ (LEA)

_____ (Address)

Signature/Date

ID #

(For Personnel Office Use Only)

To: _____

From: Personnel Office

Re: Voluntary Shared Leave (VSL)

Thank you for your support of the VSL Program. This is to confirm your donation of _____ day(s) of annual leave to _____. The deduction from your annual leave balance will be reflected on your monthly pay voucher.